

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

No. 06-188V

Filed: September 19, 2007

Not to be published.¹

CHRISTOPHER HOIBERG and SARAH
HOIBERG, as parents and natural guardians of
Caitlyn Joy Hoiberg, a minor,

Petitioner,

v.

SECRETARY OF HEALTH AND HUMAN
SERVICES,

Respondent.

Vaccine Act; Proffer; Damages

DECISION²

This is an action seeking an award under the National Childhood Vaccine Injury Compensation Program (see 42 U.S.C. § 300aa-10 *et seq.*), on account of an injury to the petitioners' daughter, Caitlyn Joy Hoiberg. On June 6, 2006, the respondent filed a "Rule 4(c) Report" agreeing that the petitioners were entitled to an award of compensation in this case.

After discussions between the parties, on September 17, 2007, respondent filed "Respondent's Proffer on Award of Compensation." On September 19, 2007, petitioner's counsel, Alan Matthew Pickert, represented telephonically to my staff that petitioners accept that Proffer as a reasonable measure of the amount of the award in this case.³

¹This document will not be sent to electronic publishers as a formally "published" opinion. However, because this document contains a reasoned explanation for my action in this case, I intend to post this document on the United States Court of Federal Claims' website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002). Therefore, each party has 14 days within which to request redaction "of any information furnished by that party (1) that is trade secret or commercial or financial information and is privileged or confidential, or (2) that are medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of privacy." Vaccine Rule 18(b). Otherwise, this entire document will be available to the public. *Id.* See also 42 U.S.C. § 300aa-12(d)(4)(B).

²In the absence of a motion for review filed pursuant to RCFC, Appendix B, the clerk is directed to enter judgment in accordance with this Decision.

³I thank both counsel for their hard work in amicably resolving this case.

I have reviewed respondent's Proffer, and find that it describes appropriate compensation in this case pursuant to 42 U.S.C. § 300aa-15(a). I hereby order that compensation be awarded based on the Proffer. I order that respondent make lump sum payments and purchase annuity contracts as follows:

1. Lump sums

- A lump sum payment in the amount of \$ **316,753.83** shall be payable to the **Petitioners, Christopher Hoiberg and Sarah Hoiberg, as Guardians/Conservators of the estate and/or property of Caitlyn Hoiberg.** This amount represents all compensation for "pain and suffering" and for life care expenses for the first year;
- A lump sum payment in the amount of \$ **11,211.47** shall be payable to the petitioners, **Christopher Hoiberg and Sarah Hoiberg**, for past unreimbursable expenses; and
- A lump sum payment of \$ **8,935.77**, representing payment for additional past unreimbursable expenses, shall be payable jointly to Petitioners, **Christopher Hoiberg and Sarah Hoiberg**, and to **Playworks Therapies**. (The petitioners have agreed to endorse this check to Playworks Therapies.)

2. Annuities

The parties agree, and I find that it is the Caitlyn Hoiberg's best interest, that two separate annuities be awarded, one for lost future earnings, and one for life care expenses.⁴

⁴ All annuities shall be purchased from an insurance company that meets the following criteria, adapted from the Proffer; these criteria are obviously based upon the December 1990 draft of the Uniform Periodic Payment of Judgments Act.

1) has a minimum of \$250,000,000 of capital and surplus, exclusive of any mandatory security valuation reserve; and

- 2) has one of the following ratings from two of the following rating organizations:
- a) A.M. Best Company: A++, A+, A+g, A+p, A+r or A+s;
 - b) Moody's Investors Service Claims Paying Rating: Aa3, Aa2, Aa1 or Aaa;
 - c) Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+ or AAA;
 - d) Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+ or AAA.

a. Annuity for Lost Future Earnings

The parties have agreed that the sum of \$ **561,424.00** shall be expended by respondent to purchase an annuity to compensate Caitlyn for lost future earnings. The parties agree, and I find it in Caitlyn's best interest, that the compensation for lost future earnings be paid in the form of an annuity, which shall be purchased as soon as practicable after entry of judgment. The parties further agree that the annuity shall be in the following form, and have requested that the following language from the Proffer be included in this Decision:

Beginning on June 26, 2024, a monthly amount of \$ **4,538.35**, payable for 35 years guaranteed and continuing for Caitlyn Hoiberg's lifetime, increasing at a rate of 3.0% compounded annually from the date of first payment. The last guaranteed payment is due on May 26, 2059.

The payments for the first 35 years are guaranteed and shall be paid to Petitioners as Guardians/Conservators of the estate and/or property of **Caitlyn Hoiberg, for the benefit of Caitlyn Hoiberg, or, if Caitlyn is not living, to the Estate of Caitlyn Hoiberg**. The above monthly benefit is locked in until October 29, 2007. If the annuity cannot be funded by this date, respondent emphasizes that an annuity costing \$ 561,424.00 will be purchased after judgment. In the event that the cost of the annuity increases or decreases at the date the annuity is purchased, the monthly payments described above shall be adjusted downward or upward accordingly to ensure that the total cost of the annuity will not be more or less than \$561,424.00.

b. Annuity for Future Unreimbursed Expenses

I consider it in Caitlyn's best interest that the compensation for future unreimbursable expenses beyond the first year post-judgment be paid in the form of an annuity, which annuity shall be purchased as soon as practicable after entry of judgment. Accordingly, pursuant to 42 U.S.C. § 300aa-15(f)(4), I order respondent to purchase, and take ownership of, an annuity contract from an insurance company for the benefit of Caitlyn, pursuant to which the insurance company will agree to make periodic payments to **Petitioners as Guardians/Conservators of the estate and/or property of Caitlyn Hoiberg**, for the rest of Caitlyn's life, commencing on the first anniversary of the date of judgment. The amount of the annuity payments in each year will be calculated based on the 20-page summary of "Items of Compensation for Caitlyn Hoiberg," attached to respondent's Proffer, which I have attached to this Decision.

c. Notice to Respondent Upon Death

The personal representative of the estate of Caitlyn Hoiberg shall provide written notice to the respondent within twenty days of her death.

George L. Hastings, Jr.
Special Master

(Attachment)



ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	Paid in Cash 2007	2008	2009	2010 2011	2012	2013
	MEDICAL INSURANCE							
1	UNITED HEALTH OR OTHER GROUP HEALTH PLAN - PREMIUMS	4%	0.00	0.00	0.00	0.00	0.00	0.00
2	DEDUCTIBLE - PREFERRED PROVIDERS	4%	400.00	400.00	400.00	400.00	400.00	400.00
3	DEDUCTIBLE - NON-PREFERRED PROVIDERS	4%						
4	MAX OUT OF POCKET	4%	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
5	MEDICARE - PARTS A & B	4%						
6	MEDICARE DEDUCTIBLE	4%						
7	MEDIGAP (PREMIUMS AND MAX OUT-OF-POCKET)							
	FUTURE MEDICAL CARE/ROUTINE							
8	NEUROLOGIST	4%	30.00	30.00	30.00	30.00	30.00	30.00
9	MILEAGE TO NEUROLOGIST	4%	55.29	55.29	55.29	55.29	55.29	55.29
10	PEDIATRICIAN / INTERNAL MEDICINE	4%	60.00	60.00	60.00	60.00	60.00	60.00
11	MILEAGE TO PEDIATRICIAN / INTERNIST	4%	29.10	29.10	29.10	29.10	29.10	29.10
12	ORTHOPEDIST	4%	20.00	20.00	20.00	20.00	20.00	20.00
13	MILEAGE TO ORTHOPEDIST	4%	36.86	36.86	36.86	36.86	36.86	36.86
14	LABS (CBC, BMP)	4%	0.00	0.00	0.00	0.00	0.00	0.00
15	ELECTROENCEPHALOGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00
16	MILEAGE FOR ELECTROENCEPHALOGRAM	4%	26.34	26.34	26.34	26.34	26.34	26.34
17	MRI OF BRAIN W/O CONTRAST	4%	0.00	0.00	0.00	0.00	0.00	0.00
18	MILEAGE FOR MRI	4%	4.39	4.39	4.39	4.39	4.39	4.39
19	BEHAVIORAL PSYCHIATRIST	4%	250.00	250.00	250.00	250.00	250.00	250.00
20	MILEAGE TO PSYCHIATRIST	4%	36.86	36.86	36.86	36.86	36.86	36.86
21	PSYCHOLOGIST FOR PARENT EDUCATION/TRAINING	4%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
22	MILEAGE TO PSYCHOLOGIST	4%	194.00	194.00	194.00	194.00	194.00	194.00
23	NEUROPSYCHOLOGICAL EVALUATION	4%	777.00	777.00	777.00	388.50	388.50	388.50
24	MILEAGE TO NEUROPSYCHOLOGIST	4%	18.43	18.43	18.43	9.22	9.22	9.22
25	DENTIST / HYGIENIST (EXTRA CLEANING)	4%	125.00	125.00	125.00	125.00	125.00	125.00
26	IN OFFICE SEDATION FOR DENTAL TREATMENT	4%	82.00	82.00	82.00	82.00	82.00	82.00

The items of compensation are illustrated annually, but may be paid on a monthly, quarterly, semi-annual, annual or other periodic basis.



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NO.	ITEMS	GROWTH RATE	Paid in Cash 2007	2008	2009	2010 2011	2012	2013
27	MAJOR DENTAL PROCEDURE	4%						
28	MILEAGE FOR DENTAL SERVICES	4%						
	<u>THERAPEUTIC MODALITIES & SCHOOL</u>							
29	SPEECH THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00
30	SPEECH THERAPY	4%	10,800.00	10,800.00	7,200.00	7,200.00	7,200.00	7,200.00
31	PHYSICAL THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00
32	PHYSICAL THERAPY	4%	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00
33	OCCUPATIONAL THERAPY / ASSISTIVE DEVICES EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00
34	OCCUPATIONAL THERAPY	4%	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00
35	PLAY WORKS DEVELOPMENT PROGRAM	4%	25,920.00	25,920.00	30,000.00	35,000.00	35,000.00	39,000.00
36	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)							
37	ABA SCHOOL PROG. AT GREAT STRIDES (INCLUDED IN PLAY WORKS)							
38	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)							
39	MILEAGE FOR PT,OT,ST AND ABA INSTRUCTION	4%	1,164.00	1,164.00	1,164.00	1,164.00	1,164.00	1,164.00
	<u>MEDICATIONS</u>							
40	KEPPRA	4%	228.12	228.12	228.12	228.12	228.12	228.12
41	LAMICTAL	4%	724.56	724.56	724.56	724.56	724.56	724.56
42	DIASTAT	4%	90.60	90.60	90.60	90.60	90.60	90.60
43	MEDICARE PART D PREMIUM AND MEDICATION COSTS	4%						
	<u>EQUIPMENT/ADAPTIVE AIDES/SUPPLIES</u>							
44	ROLLING POSTURAL WALKER WITH BENCH (Small, Medium, Large)	4%	0.00	0.00	0.00	0.00	0.00	0.00
45	WALKER POUCH	4%	30.95	10.32	10.32	10.32	10.32	10.32
46	MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00
47	MAINTENANCE FOR WHEELCHAIR	4%						
48	BACKPACK	4%						
49	CUSHION	4%	0.00	0.00	0.00	0.00	0.00	0.00

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NO.	ITEMS	GROWTH RATE	Paid in Cash 2007	2008	2009	2010 2011	2012	2013
50	WHEELCHAIR ACCESSIBLE VAN - (FOLDING W/C OR LIFT)	4%	0.00	0.00	0.00	0.00	0.00	0.00
51	DIAPERS	4%	2,317.21	2,317.21	2,317.21			
52	WIPES	4%	400.36	400.36	400.36			
53	BATH SEAT, PEDI	4%	238.95	47.79	47.79	47.79	47.79	47.79
54	SHOWER CHAIR, ADULT	4%						
55	HAND HELD SHOWER	4%	74.95	7.50	7.50	7.50	7.50	7.50
56	TOILET HANDLES	4%			68.90	9.84	9.84	9.84
57	SAFETY INSPECTION, LOCKS OR SAFETY EQUIPMENT	4%	75.00	37.50	37.50	37.50	37.50	37.50
58	BED ALARM	4%	240.35	24.04	24.04	24.04	24.04	24.04
59	COMPUTER	4%	1,260.96	252.19	252.19	252.19	252.19	252.19
60	THE BABY KEYBOARD	4%	62.95					
61	HIP TALK PLUS COMMUNICATION AID	4%	310.95					
62	DYNOMYTE	4%					7,475.00	1,495.00
63	DYNAVOX	4%						
64	SHIPPING, HANDLING & MAINTENANCE ON EQUIPMENT	4%	0.00	0.00	0.00	0.00	0.00	0.00
65	BIG RED SWITCH (2)	4%	123.90					
66	ADAPTIVE PLAY EQUIPMENT (TRIKE)	4%	248.85					
67	DISCOVERY BIKE	4%						
68	PROTECTIVE HELMET	4%	134.95	33.74	33.74	33.74	33.74	33.74
69	THREE-TIER STORAGE ORGANIZER	4%	68.95	13.79	13.79	13.79	13.79	13.79
	ORTHOTICS							
70	RIGHT SUPRAMALLEOLAR ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00
71	LEFT MOLDED ARTICULATED ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00
72	BILATERAL BENIKS HAND SPLINTS	4%	0.00	0.00	0.00	0.00	0.00	0.00
	AIDS FOR INDEPENDENT FUNCTION							
73	LONG HANDLE BODY WASHER	4%						
	+ LONG HANDLE BACK SCRUBBER							
	+ HAIR WASHER							
	+ HAIRBRUSH WITH HOOK AND LOOP HANDLE							

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NO.	ITEMS	GROWTH RATE	Paid in Cash 2007	2008	2009	2010 2011	2012	2013
	+ TOOTHPASTE DISPENSER							
	+ SONICARE INTELICLEAN RECHARGEABLE TOOTHBRUSH							
	+ SONICARE REPLACEMENT TOOTHBRUSH HEADS (2)							
74	SCOOPER BOWL - NON SLIP	4%	151.00	88.80	88.80	88.80	88.80	88.80
	+ SCOOP PLATE - NONSKID							
	+ HIGH-SIDED DISH							
	+ SPILL-NOT JAR & BOTTLE OPENER							
	+ UTENSIL HOLDERS							
75	ADJUSTABLE BOOK HOLDER	4%	0.00	0.00	0.00	0.00	0.00	0.00
76	CASE MANAGEMENT	4%	3,744.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00
	ATTENDANT CARE / VOCATIONAL SERVICES							
77	ATTENDANT CARE - NON-SKILLED	4%	29,952.00	29,952.00	29,952.00	38,376.00	38,376.00	46,800.00
78	RESPIRE CARE - SKILLED CARE	4%	15,120.00	15,120.00	15,120.00	15,120.00	15,120.00	15,120.00
79	VOCATIONAL TRAINING/JOB COACHING	4%	0.00	0.00	0.00	0.00	0.00	0.00
	SUBTOTAL - 1ST YEAR EXPENSES		116,753.83					
	PAST UNREIMBURSED EXPENSES							
	a) To Petitioners: \$11,211.47							
80	b) To Petitioners and Playworks Therapies: \$ 8,935.77		20,147.24					
81	PAIN AND SUFFERING		200,000.00					
82	LOST WAGES (\$561,424 less \$561,424 for purchase of annuity)		0.00					
	TOTAL COMPENSATION:		336,901.07	112,062.79	112,611.69	122,861.35	130,336.35	136,780.35

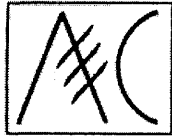
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NO.	ITEMS	GROWTH RATE	2014	2015	2016	2017	2018	2019	2020	2021
	MEDICAL INSURANCE									
1	UNITED HEALTH OR OTHER GROUP HEALTH PLAN - PREMIUMS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	DEDUCTIBLE - PREFERRED PROVIDERS	4%	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00
3	DEDUCTIBLE - NON-PREFERRED PROVIDERS	4%								
4	MAX OUT OF POCKET	4%	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
5	MEDICARE - PARTS A & B	4%								
6	MEDICARE DEDUCTIBLE	4%								
7	MEDIGAP (PREMIUMS AND MAX OUT-OF-POCKET)									
	FUTURE MEDICAL CARE/ROUTINE									
8	NEUROLOGIST	4%	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
9	MILEAGE TO NEUROLOGIST	4%	55.29	55.29	55.29	55.29	55.29	55.29	55.29	55.29
10	PEDIATRICIAN / INTERNAL MEDICINE	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00
11	MILEAGE TO PEDIATRICIAN / INTERNIST	4%	29.10	29.10	29.10	29.10	29.10	29.10	29.10	29.10
12	ORTHOPEDIST	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
13	MILEAGE TO ORTHOPEDIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86	36.86
14	LABS (CBC, BMP)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	ELECTROENCEPHALOGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	MILEAGE FOR ELECTROENCEPHALOGRAM	4%	26.34	26.34	26.34	26.34	26.34	26.34	26.34	26.34
17	MRI OF BRAIN W/O CONTRAST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	MILEAGE FOR MRI	4%	4.39	4.39	4.39	4.39	4.39	4.39	4.39	4.39
19	BEHAVIORAL PSYCHIATRIST	4%	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00
20	MILEAGE TO PSYCHIATRIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86	36.86
21	PSYCHOLOGIST FOR PARENT EDUCATION/TRAINING	4%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
22	MILEAGE TO PSYCHOLOGIST	4%	194.00	194.00	194.00	194.00	194.00	194.00	194.00	194.00
23	NEUROPSYCHOLOGICAL EVALUATION	4%	388.50	388.50	388.50	388.50	388.50	388.50	388.50	388.50
24	MILEAGE TO NEUROPSYCHOLOGIST	4%	9.22	9.22	9.22	9.22	9.22	9.22	9.22	9.22
25	DENTIST / HYGIENIST (EXTRA CLEANING)	4%	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
26	IN OFFICE SEDATION FOR DENTAL TREATMENT	4%	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00

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NO.	ITEMS	GROWTH RATE	2014	2015	2016	2017	2018	2019	2020	2021
27	MAJOR DENTAL PROCEDURE	4%		1,000.00	125.00	125.00	125.00	125.00	125.00	125.00
28	MILEAGE FOR DENTAL SERVICES	4%		9.70	1.21	1.21	1.21	1.21	1.21	1.21
	<u>THERAPEUTIC MODALITIES & SCHOOL</u>									
29	SPEECH THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
30	SPEECH THERAPY	4%	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00
31	PHYSICAL THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
32	PHYSICAL THERAPY	4%	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00
33	OCCUPATIONAL THERAPY / ASSISTIVE DEVICES EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
34	OCCUPATIONAL THERAPY	4%	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00	7,200.00
35	PLAY WORKS DEVELOPMENT PROGRAM	4%	39,000.00	39,000.00	39,000.00	39,000.00	39,000.00	39,000.00	39,000.00	39,000.00
36	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)									
37	ABA SCHOOL PROG. AT GREAT STRIDES (INCLUDED IN PLAY WORKS)									
38	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)									
39	MILEAGE FOR PT,OT,ST AND ABA INSTRUCTION	4%	1,164.00	1,164.00	1,164.00	1,164.00	1,164.00	1,164.00	1,164.00	1,164.00
	<u>MEDICATIONS</u>									
40	KEPPRA	4%	228.12	228.12	228.12	228.12	228.12	228.12	228.12	228.12
41	LAMICTAL	4%	724.56	724.56	724.56	724.56	724.56	724.56	724.56	724.56
42	DIASTAT	4%	90.60	90.60	90.60	90.60	90.60	90.60	90.60	90.60
43	MEDICARE PART D PREMIUM AND MEDICATION COSTS	4%								
	<u>EQUIPMENT/ADAPTIVE AIDES/SUPPLIES</u>									
44	ROLLING POSTURAL WALKER WITH BENCH (Small, Medium, Large)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	WALKER POUCH	4%	10.32	10.32	10.32	10.32	10.32	10.32	10.32	10.32
46	MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47	MAINTENANCE FOR WHEELCHAIR	4%						360.00	360.00	360.00
48	BACKPACK	4%						40.00	20.00	20.00
49	CUSHION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

The items of compensation are illustrated annually, but may be paid on a monthly, quarterly, semi-annual, annual or other periodic basis.



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NO.	ITEMS	GROWTH RATE	2014	2015	2016	2017	2018	2019	2020	2021
50	WHEELCHAIR ACCESSIBLE VAN - (FOLDING W/C OR LIFT)	4%	0.00	0.00	0.00	0.00	0.00	600.00	60.00	60.00
51	DIAPERS	4%								
52	WIPES	4%								
53	BATH SEAT, PEDI	4%	47.79	47.79						
54	SHOWER CHAIR, ADULT	4%			188.90	37.78	37.78	37.78	37.78	37.78
55	HAND HELD SHOWER	4%	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50
56	TOILET HANDLES	4%	9.84	9.84	9.84	9.84	9.84	9.84	9.84	9.84
57	SAFETY INSPECTION, LOCKS OR SAFETY EQUIPMENT	4%	37.50	37.50	37.50	37.50	37.50	37.50	37.50	37.50
58	BED ALARM	4%	24.04	24.04	24.04	24.04	24.04	24.04	24.04	24.04
59	COMPUTER	4%	252.19	252.19	252.19	252.19	252.19	252.19	252.19	
60	THE BABY KEYBOARD	4%								
61	HIP TALK PLUS COMMUNICATION AID	4%								
62	DYNOMYTE	4%	1,495.00	1,495.00	1,495.00	1,495.00				
63	DYNAVOX	4%								
64	SHIPPING, HANDLING & MAINTENANCE ON EQUIPMENT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65	BIG RED SWITCH (2)	4%								
66	ADAPTIVE PLAY EQUIPMENT (TRIKE)	4%								
67	DISCOVERY BIKE	4%	2,844.00	284.40	284.40	284.40	284.40	284.40	284.40	284.40
68	PROTECTIVE HELMET	4%	155.95	25.99	25.99	25.99	25.99	25.99	25.99	25.99
69	THREE-TIER STORAGE ORGANIZER	4%	13.79	13.79	13.79	13.79	13.79	13.79	13.79	13.79
	ORTHOTICS									
70	RIGHT SUPRAMALLEOLAR ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
71	LEFT MOLDED ARTICULATED ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
72	BILATERAL BENIKS HAND SPLINTS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	AIDS FOR INDEPENDENT FUNCTION									
73	LONG HANDLE BODY WASHER	4%	85.13	85.13	85.13	85.13	85.13	85.13	85.13	85.13
	+ LONG HANDLE BACK SCRUBBER									
	+ HAIR WASHER									
	+ HAIRBRUSH WITH HOOK AND LOOP HANDLE									

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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2014	2015	2016	2017	2018	2019	2020	2021
	+ TOOTHPASTE DISPENSER									
	+ SONICARE INTELLICLEAN RECHARGEABLE TOOTHBRUSH									
	+ SONICARE REPLACEMENT TOOTHBRUSH HEADS (2)									
74	SCOOPER BOWL - NON SLIP	4%	88.80	88.80	88.80	88.80	88.80	88.80	88.80	88.80
	+ SCOOP PLATE - NONSKID									
	+ HIGH-SIDED DISH									
	+ SPILL-NOT JAR & BOTTLE OPENER									
	+ UTENSIL HOLDERS									
75	ADJUSTABLE BOOK HOLDER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
76	CASE MANAGEMENT	4%	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00
	ATTENDANT CARE / VOCATIONAL SERVICES									
77	ATTENDANT CARE - NON-SKILLED	4%	46,800.00	46,800.00	50,760.00	50,760.00	50,760.00	50,760.00	50,760.00	65,500.00
78	RESPIRE CARE - SKILLED CARE	4%	15,120.00	15,120.00	15,120.00	15,120.00	15,120.00	15,120.00	15,120.00	15,120.00
79	VOCATIONAL TRAINING/JOB COACHING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	SUBTOTAL - 1ST YEAR EXPENSES									
	PAST UNREIMBURSED EXPENSES									
	a) To Petitioners: \$11,211.47									
80	b) To Petitioners and Playworks Therapies: \$ 8,935.77									
81	PAIN AND SUFFERING									
82	LOST WAGES (\$561,424 less \$561,424 for purchase of annuity)									
	TOTAL COMPENSATION:		139,831.69	138,151.83	141,369.45	141,218.33	139,723.33	140,723.33	140,163.33	154,651.14

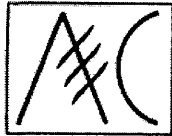
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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2022	2023 2024	2025	2026	2027	2028 2032	2033	2034 2036
	MEDICAL INSURANCE									
1	UNITED HEALTH OR OTHER GROUP HEALTH PLAN - PREMIUMS	4%	0.00	0.00	0.00	0.00	0.00	1,716.00	1,716.00	1,716.00
2	DEDUCTIBLE - PREFERRED PROVIDERS	4%	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00
3	DEDUCTIBLE - NON-PREFERRED PROVIDERS	4%								
4	MAX OUT OF POCKET	4%	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
5	MEDICARE - PARTS A & B	4%								
6	MEDICARE DEDUCTIBLE	4%								
7	MEDIGAP (PREMIUMS AND MAX OUT-OF-POCKET)									
	FUTURE MEDICAL CARE/ROUTINE									
8	NEUROLOGIST	4%	30.00	30.00	20.00	20.00	20.00	20.00	20.00	20.00
9	MILEAGE TO NEUROLOGIST	4%	55.29	55.29	36.86	36.86	36.86	36.86	36.86	36.86
10	PEDIATRICIAN / INTERNAL MEDICINE	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00
11	MILEAGE TO PEDIATRICIAN / INTERNIST	4%	29.10	29.10	29.10	29.10	29.10	29.10	29.10	29.10
12	ORTHOPEDIST	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
13	MILEAGE TO ORTHOPEDIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86	36.86
14	LABS (CBC, BMP)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	ELECTROENCEPHALOGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	MILEAGE FOR ELECTROENCEPHALOGRAM	4%	26.34	26.34	5.85	5.85	5.85	5.85	5.85	5.85
17	MRI OF BRAIN W/O CONTRAST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	MILEAGE FOR MRI	4%	4.39	4.39	1.76	1.76	1.76	1.76	1.76	1.76
19	BEHAVIORAL PSYCHIATRIST	4%	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00
20	MILEAGE TO PSYCHIATRIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86	36.86
21	PSYCHOLOGIST FOR PARENT EDUCATION/TRAINING	4%	1,500.00	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00
22	MILEAGE TO PSYCHOLOGIST	4%	194.00	194.00	0.00	0.00	0.00	0.00	0.00	0.00
23	NEUROPSYCHOLOGICAL EVALUATION	4%	388.50	388.50	388.50					
24	MILEAGE TO NEUROPSYCHOLOGIST	4%	9.22	9.22	9.22					
25	DENTIST / HYGIENIST (EXTRA CLEANING)	4%	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
26	IN OFFICE SEDATION FOR DENTAL TREATMENT	4%	82.00	82.00	82.00	82.00	82.00	82.00	82.00	82.00

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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2022	2023 2024	2025	2026	2027	2028 2032	2033	2034 2036
27	MAJOR DENTAL PROCEDURE	4%	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
28	MILEAGE FOR DENTAL SERVICES	4%	1.21	1.21	1.21	1.21	1.21	1.21	1.21	1.21
	<u>THERAPEUTIC MODALITIES & SCHOOL</u>									
29	SPEECH THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
30	SPEECH THERAPY	4%	7,200.00	7,200.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00
31	PHYSICAL THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
32	PHYSICAL THERAPY	4%	7,200.00	7,200.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00
33	OCCUPATIONAL THERAPY / ASSISTIVE DEVICES EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
34	OCCUPATIONAL THERAPY	4%	7,200.00	7,200.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00
35	PLAY WORKS DEVELOPMENT PROGRAM	4%	39,000.00	39,000.00	0.00	0.00	0.00	0.00	0.00	0.00
36	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)									
37	ABA SCHOOL PROG. AT GREAT STRIDES (INCLUDED IN PLAY WORKS)									
38	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)									
39	MILEAGE FOR PT,OT,ST AND ABA INSTRUCTION	4%	1,164.00	1,164.00	242.50	242.50	242.50	242.50	242.50	242.50
	<u>MEDICATIONS</u>									
40	KEPPRA	4%	228.12	228.12	228.12	228.12	228.12	228.12	228.12	228.12
41	LAMICTAL	4%	724.56	724.56	724.56	724.56	724.56	724.56	724.56	724.56
42	DIASTAT	4%	90.60	90.60	90.60	90.60	90.60	90.60	90.60	90.60
43	MEDICARE PART D PREMIUM AND MEDICATION COSTS	4%								
	<u>EQUIPMENT/ADAPTIVE AIDES/SUPPLIES</u>									
44	ROLLING POSTURAL WALKER WITH BENCH (Small, Medium, Large)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	WALKER POUCH	4%	10.32	10.32	10.32	10.32	10.32	10.32	10.32	10.32
46	MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47	MAINTENANCE FOR WHEELCHAIR	4%	360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
48	BACKPACK	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
49	CUSHION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

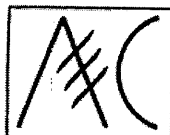
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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2022	2023 2024	2025	2026	2027	2028 2032	2033	2034 2036
50	WHEELCHAIR ACCESSIBLE VAN - (FOLDING W/C OR LIFT)	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00
51	DIAPERS	4%								
52	WIPES	4%								
53	BATH SEAT, PEDI	4%								
54	SHOWER CHAIR, ADULT	4%	37.78	37.78	37.78	37.78	37.78	37.78	37.78	37.78
55	HAND HELD SHOWER	4%	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50
56	TOILET HANDLES	4%	9.84	9.84	9.84	9.84	9.84	9.84	9.84	9.84
57	SAFETY INSPECTION, LOCKS OR SAFETY EQUIPMENT	4%								
58	BED ALARM	4%	24.04	24.04	24.04	24.04	24.04	24.04	24.04	24.04
59	COMPUTER	4%								
60	THE BABY KEYBOARD	4%								
61	HIP TALK PLUS COMMUNICATION AID	4%								
62	DYNOMYTE	4%								
63	DYNAVOX	4%	9,389.00	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80
64	SHIPPING, HANDLING & MAINTENANCE ON EQUIPMENT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65	BIG RED SWITCH (2)	4%								
66	ADAPTIVE PLAY EQUIPMENT (TRIKE)	4%								
67	DISCOVERY BIKE	4%	284.40	284.40	284.40	284.40	284.40	284.40	284.40	284.40
68	PROTECTIVE HELMET	4%	25.99	25.99	25.99	25.99	25.99	25.99	25.99	25.99
69	THREE-TIER STORAGE ORGANIZER	4%	13.79	13.79	13.79	13.79	13.79	13.79	13.79	13.79
	ORTHOTICS									
70	RIGHT SUPRAMALLEOLAR ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
71	LEFT MOLDED ARTICULATED ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
72	BILATERAL BENIKS HAND SPLINTS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	AIDS FOR INDEPENDENT FUNCTION									
73	LONG HANDLE BODY WASHER	4%	85.13	85.13	85.13	85.13	85.13	85.13	85.13	85.13
	+ LONG HANDLE BACK SCRUBBER									
	+ HAIR WASHER									
	+ HAIRBRUSH WITH HOOK AND LOOP HANDLE									

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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2022	2023 2024	2025	2026	2027	2028 2032	2033	2034 2036
	+ TOOTHPASTE DISPENSER									
	+ SONICARE INTELICLEAN RECHARGEABLE TOOTHBRUSH									
	+ SONICARE REPLACEMENT TOOTHBRUSH HEADS (2)									
74	SCOOPER BOWL - NON SLIP	4%	88.80	88.80	88.80	88.80	88.80	88.80	88.80	88.80
	+ SCOOP PLATE - NONSKID									
	+ HIGH-SIDED DISH									
	+ SPILL-NOT JAR & BOTTLE OPENER									
	+ UTENSIL HOLDERS									
75	ADJUSTABLE BOOK HOLDER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
76	CASE MANAGEMENT	4%	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00
	ATTENDANT CARE / VOCATIONAL SERVICES									
77	ATTENDANT CARE - NON-SKILLED	4%	65,500.00	65,500.00	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00
78	RESPIRE CARE - SKILLED CARE	4%	15,120.00	15,120.00						
79	VOCATIONAL TRAINING/JOB COACHING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	SUBTOTAL - 1ST YEAR EXPENSES									
	PAST UNREIMBURSED EXPENSES									
	a) To Petitioners: \$11,211.47									
80	b) To Petitioners and Playworks Therapies: \$ 8,935.77									
81	PAIN AND SUFFERING									
82	LOST WAGES (\$561,424 less \$561,424 for purchase of annuity)									
	TOTAL COMPENSATION:		164,002.64	156,491.44	178,642.39	178,244.67	178,244.67	179,960.67	179,960.67	179,960.67

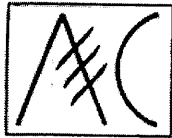
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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2037	2038 2039	2040 2043	2044	2045	2046	2047
MEDICAL INSURANCE									
1	UNITED HEALTH OR OTHER GROUP HEALTH PLAN - PREMIUMS	4%	1,716.00	1,716.00	1,716.00	12,438.60	12,438.60		
2	DEDUCTIBLE - PREFERRED PROVIDERS	4%	400.00	400.00	400.00	400.00	400.00		
3	DEDUCTIBLE - NON-PREFERRED PROVIDERS	4%							
4	MAX OUT OF POCKET	4%	5,000.00	5,000.00	5,000.00				
5	MEDICARE - PARTS A & B	4%						1,122.00	1,122.00
6	MEDICARE DEDUCTIBLE	4%						131.00	131.00
7	MEDIGAP (PREMIUMS AND MAX OUT-OF-POCKET)							5,900.00	5,900.00
FUTURE MEDICAL CARE/ROUTINE									
8	NEUROLOGIST	4%	20.00	20.00	20.00	20.00	20.00	0.00	0.00
9	MILEAGE TO NEUROLOGIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86
10	PEDIATRICIAN / INTERNAL MEDICINE	4%	60.00	60.00	60.00	60.00	60.00	0.00	0.00
11	MILEAGE TO PEDIATRICIAN / INTERNIST	4%	29.10	29.10	29.10	29.10	29.10	29.10	29.10
12	ORTHOPEDIST	4%	20.00	20.00	20.00	20.00	20.00	0.00	0.00
13	MILEAGE TO ORTHOPEDIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86
14	LABS (CBC, BMP)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	ELECTROENCEPHALOGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	MILEAGE FOR ELECTROENCEPHALOGRAM	4%	5.85	5.85	5.85	5.85	5.85	5.85	5.85
17	MRI OF BRAIN W/O CONTRAST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	MILEAGE FOR MRI	4%	1.76	1.76	1.76	1.76	1.76	1.76	1.76
19	BEHAVIORAL PSYCHIATRIST	4%	250.00	250.00	250.00	250.00	250.00	0.00	0.00
20	MILEAGE TO PSYCHIATRIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86
21	PSYCHOLOGIST FOR PARENT EDUCATION/TRAINING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	MILEAGE TO PSYCHOLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	NEUROPSYCHOLOGICAL EVALUATION	4%							
24	MILEAGE TO NEUROPSYCHOLOGIST	4%							
25	DENTIST / HYGIENIST (EXTRA CLEANING)	4%	125.00	125.00	125.00	125.00	125.00	125.00	125.00
26	IN OFFICE SEDATION FOR DENTAL TREATMENT	4%	82.00	82.00	82.00	205.00	205.00	205.00	205.00

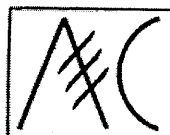
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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2037	2038 2039	2040 2043	2044	2045	2046	2047
27	MAJOR DENTAL PROCEDURE	4%	125.00	125.00	125.00				2,000.00
28	MILEAGE FOR DENTAL SERVICES	4%	1.21	1.21	1.21	1.21	1.21	1.21	1.21
	<u>THERAPEUTIC MODALITIES & SCHOOL</u>								
29	SPEECH THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	0.00	0.00
30	SPEECH THERAPY	4%	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	0.00	0.00
31	PHYSICAL THERAPY EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	0.00	0.00
32	PHYSICAL THERAPY	4%	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	0.00	0.00
33	OCCUPATIONAL THERAPY / ASSISTIVE DEVICES EVALUATION	4%	75.00	75.00	75.00	75.00	75.00	0.00	0.00
34	OCCUPATIONAL THERAPY	4%	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00	0.00	0.00
35	PLAY WORKS DEVELOPMENT PROGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)								
37	ABA SCHOOL PROG. AT GREAT STRIDES (INCLUDED IN PLAY WORKS)								
38	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)								
39	MILEAGE FOR PT,OT,ST AND ABA INSTRUCTION	4%	242.50	242.50	242.50	242.50	242.50	242.50	242.50
	<u>MEDICATIONS</u>								
40	KEPPRA	4%	228.12	228.12	228.12	228.12	228.12	0.00	0.00
41	LAMICTAL	4%	724.56	724.56	724.56	724.56	724.56	0.00	0.00
42	DIASTAT	4%	90.60	90.60	90.60	90.60	90.60	0.00	0.00
43	MEDICARE PART D PREMIUM AND MEDICATION COSTS	4%						2,478.42	2,478.42
	<u>EQUIPMENT/ADAPTIVE AIDES/SUPPLIES</u>								
44	ROLLING POSTURAL WALKER WITH BENCH (Small, Medium, Large)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	WALKER POUCH	4%	10.32	10.32	10.32	10.32	10.32	10.32	10.32
46	MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47	MAINTENANCE FOR WHEELCHAIR	4%	360.00	360.00	360.00	360.00	360.00	360.00	360.00
48	BACKPACK	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00
49	CUSHION	4%	0.00	0.00	0.00	0.00	40.00	0.00	0.00

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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2037	2038 2039	2040 2043	2044	2045	2046	2047
50	WHEELCHAIR ACCESSIBLE VAN - (FOLDING W/C OR LIFT)	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00
51	DIAPERS	4%							
52	WIPES	4%							
53	BATH SEAT, PEDI	4%							
54	SHOWER CHAIR, ADULT	4%	37.78	37.78	37.78	37.78	37.78	37.78	37.78
55	HAND HELD SHOWER	4%	7.50	7.50	7.50	7.50	7.50	7.50	7.50
56	TOILET HANDLES	4%	9.84	9.84	9.84	9.84	9.84	9.84	9.84
57	SAFETY INSPECTION, LOCKS OR SAFETY EQUIPMENT	4%							
58	BED ALARM	4%	24.04	24.04	24.04	24.04	24.04	24.04	24.04
59	COMPUTER	4%							
60	THE BABY KEYBOARD	4%							
61	HIP TALK PLUS COMMUNICATION AID	4%							
62	DYNOMYTE	4%							
63	DYNAVOX	4%	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80
64	SHIPPING, HANDLING & MAINTENANCE ON EQUIPMENT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65	BIG RED SWITCH (2)	4%							
66	ADAPTIVE PLAY EQUIPMENT (TRIKE)	4%							
67	DISCOVERY BIKE	4%	284.40	284.40	284.40	284.40	284.40	284.40	284.40
68	PROTECTIVE HELMET	4%	25.99	25.99	25.99	25.99	25.99	25.99	25.99
69	THREE-TIER STORAGE ORGANIZER	4%	13.79	13.79	13.79	13.79	13.79	13.79	13.79
	ORTHOTICS								
70	RIGHT SUPRAMALLEOLAR ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	246.80	0.00	0.00	0.00
71	LEFT MOLDED ARTICULATED ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	205.80	0.00	0.00	0.00
72	BILATERAL BENIKS HAND SPLINTS	4%	0.00	0.00	0.00	66.00	66.00	0.00	0.00
	AIDS FOR INDEPENDENT FUNCTION								
73	LONG HANDLE BODY WASHER	4%	85.13	85.13	85.13	85.13	85.13	85.13	85.13
	+ LONG HANDLE BACK SCRUBBER								
	+ HAIR WASHER								
	+ HAIRBRUSH WITH HOOK AND LOOP HANDLE								

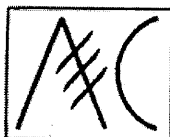
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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2037	2038 2039	2040 2043	2044	2045	2046	2047
	+ TOOTHPASTE DISPENSER								
	+ SONICARE INTELLICLEAN RECHARGEABLE TOOTHBRUSH								
	+ SONICARE REPLACEMENT TOOTHBRUSH HEADS (2)								
74	SCOOPER BOWL - NON SLIP	4%	88.80	88.80	88.80	88.80	88.80	88.80	88.80
	+ SCOOP PLATE - NONSKID								
	+ HIGH-SIDED DISH								
	+ SPILL-NOT JAR & BOTTLE OPENER								
	+ UTENSIL HOLDERS								
75	ADJUSTABLE BOOK HOLDER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
76	CASE MANAGEMENT	4%	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00
	ATTENDANT CARE / VOCATIONAL SERVICES								
77	ATTENDANT CARE - NON-SKILLED	4%	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00
78	RESPIRE CARE - SKILLED CARE	4%							
79	VOCATIONAL TRAINING/JOB COACHING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	SUBTOTAL - 1ST YEAR EXPENSES								
	PAST UNREIMBURSED EXPENSES								
	a) To Petitioners: \$11,211.47								
80	b) To Petitioners and Playworks Therapies: \$ 8,935.77								
81	PAIN AND SUFFERING								
82	LOST WAGES (\$561,424 less \$561,424 for purchase of annuity)								
	TOTAL COMPENSATION:		179,960.67	179,960.67	179,960.67	186,199.87	185,787.27	175,455.81	177,455.81

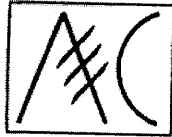
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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2048	2049	2050 2053	2054	2055 2068	2069 2070	2071 LIFE
	MEDICAL INSURANCE								
1	UNITED HEALTH OR OTHER GROUP HEALTH PLAN - PREMIUMS	4%							
2	DEDUCTIBLE - PREFERRED PROVIDERS	4%							
3	DEDUCTIBLE - NON-PREFERRED PROVIDERS	4%							
4	MAX OUT OF POCKET	4%							
5	MEDICARE - PARTS A & B	4%	1,122.00	1,122.00	1,122.00	1,122.00	1,122.00	1,122.00	1,122.00
6	MEDICARE DEDUCTIBLE	4%	131.00	131.00	131.00	131.00	131.00	131.00	
7	MEDIGAP (PREMIUMS AND MAX OUT-OF-POCKET)		5,900.00	5,900.00	5,900.00	5,900.00	5,900.00	5,900.00	1,302.00
	FUTURE MEDICAL CARE/ROUTINE								
8	NEUROLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	MILEAGE TO NEUROLOGIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86
10	PEDIATRICIAN / INTERNAL MEDICINE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	MILEAGE TO PEDIATRICIAN / INTERNIST	4%	29.10	29.10	29.10	29.10	29.10	29.10	29.10
12	ORTHOPEDIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13	MILEAGE TO ORTHOPEDIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86
14	LABS (CBC, BMP)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	ELECTROENCEPHALOGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	MILEAGE FOR ELECTROENCEPHALOGRAM	4%	5.85	5.85	5.85	5.85	5.85	5.85	5.85
17	MRI OF BRAIN W/O CONTRAST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	MILEAGE FOR MRI	4%	1.76	1.76	1.76	1.76	1.76	1.76	1.76
19	BEHAVIORAL PSYCHIATRIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	MILEAGE TO PSYCHIATRIST	4%	36.86	36.86	36.86	36.86	36.86	36.86	36.86
21	PSYCHOLOGIST FOR PARENT EDUCATION/TRAINING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	MILEAGE TO PSYCHOLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	NEUROPSYCHOLOGICAL EVALUATION	4%							
24	MILEAGE TO NEUROPSYCHOLOGIST	4%							
25	DENTIST / HYGIENIST (EXTRA CLEANING)	4%	125.00	125.00	125.00	125.00	125.00	125.00	125.00
26	IN OFFICE SEDATION FOR DENTAL TREATMENT	4%	205.00	205.00	205.00	205.00	205.00	205.00	205.00

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CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2048	2049	2050 2053	2054	2055 2068	2069 2070	2071 LIFE
27	MAJOR DENTAL PROCEDURE	4%	250.00	250.00	250.00	250.00	250.00	250.00	250.00
28	MILEAGE FOR DENTAL SERVICES	4%	1.21	1.21	1.21	1.21	1.21	1.21	1.21
	<u>THERAPEUTIC MODALITIES & SCHOOL</u>								
29	SPEECH THERAPY EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	SPEECH THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	PHYSICAL THERAPY EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33	OCCUPATIONAL THERAPY / ASSISTIVE DEVICES EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34	OCCUPATIONAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	PLAY WORKS DEVELOPMENT PROGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)								
37	ABA SCHOOL PROG. AT GREAT STRIDES (INCLUDED IN PLAY WORKS)								
38	ABA INSTRUCTION (INCLUDED IN PLAY WORKS)								
39	MILEAGE FOR PT,OT,ST AND ABA INSTRUCTION	4%	242.50	242.50	242.50	242.50	242.50	242.50	242.50
	<u>MEDICATIONS</u>								
40	KEPPRA	4%	0.00	0.00	0.00	0.00	0.00	0.00	
41	LAMICTAL	4%	0.00	0.00	0.00	0.00	0.00	0.00	
42	DIASTAT	4%	0.00	0.00	0.00	0.00	0.00	0.00	
43	MEDICARE PART D PREMIUM AND MEDICATION COSTS	4%	2,478.42	2,478.42	2,478.42	2,478.42	2,478.42	2,478.42	4,001.79
	<u>EQUIPMENT/ADAPTIVE AIDES/SUPPLIES</u>								
44	ROLLING POSTURAL WALKER WITH BENCH (Small, Medium, Large)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	WALKER POUCH	4%	10.32	10.32	10.32	10.32	10.32	10.32	10.32
46	MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47	MAINTENANCE FOR WHEELCHAIR	4%	360.00	360.00	360.00	360.00	360.00	360.00	360.00
48	BACKPACK	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00
49	CUSHION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2048	2049	2050 2053	2054	2055 2068	2069 2070	2071 LIFE
50	WHEELCHAIR ACCESSIBLE VAN - (FOLDING W/C OR LIFT)	4%							
51	DIAPERS	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00
52	WIPES	4%							
53	BATH SEAT, PEDI	4%							
54	SHOWER CHAIR, ADULT	4%							
55	HAND HELD SHOWER	4%	37.78	37.78	37.78	37.78	37.78	37.78	37.78
56	TOILET HANDLES	4%	7.50	7.50	7.50	7.50	7.50	7.50	7.50
57	SAFETY INSPECTION, LOCKS OR SAFETY EQUIPMENT	4%	9.84	9.84	9.84	9.84	9.84	9.84	9.84
58	BED ALARM	4%							
59	COMPUTER	4%	24.04	24.04	24.04	24.04	24.04	24.04	24.04
60	THE BABY KEYBOARD	4%							
61	HIP TALK PLUS COMMUNICATION AID	4%							
62	DYNOMYTE	4%							
63	DYNAVOX	4%							
64	SHIPPING, HANDLING & MAINTENANCE ON EQUIPMENT	4%	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80	1,877.80
65	BIG RED SWITCH (2)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
66	ADAPTIVE PLAY EQUIPMENT (TRIKE)	4%							
67	DISCOVERY BIKE	4%							
68	PROTECTIVE HELMET	4%	284.40	284.40	284.40	284.40	284.40		
69	THREE-TIER STORAGE ORGANIZER	4%	25.99	25.99	25.99	25.99	25.99		
		4%	13.79	13.79	13.79	13.79	13.79	13.79	13.79
	ORTHOTICS								
70	RIGHT SUPRAMALLEOLAR ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
71	LEFT MOLDED ARTICULATED ANKLE FOOT OTHOSIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
72	BILATERAL BENIKS HAND SPLINTS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	AIDS FOR INDEPENDENT FUNCTION								
73	LONG HANDLE BODY WASHER	4%	85.13	85.13	85.13	85.13	85.13	85.13	85.13
	+ LONG HANDLE BACK SCRUBBER								
	+ HAIR WASHER								
	+ HAIRBRUSH WITH HOOK AND LOOP HANDLE								

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ITEMS OF COMPENSATION FOR CAITLYN HOIBERG
CL. CT. NO. 06-188V

NO.	ITEMS	GROWTH RATE	2048	2049	2050 2053	2054	2055 2068	2069 2070	2071 LIFE
	+ TOOTHPASTE DISPENSER								
	+ SONICARE INTELLICLEAN RECHARGEABLE TOOTHBRUSH								
	+ SONICARE REPLACEMENT TOOTHBRUSH HEADS (2)								
74	SCOOPER BOWL - NON SLIP	4%	88.80	88.80	88.80	88.80	88.80	88.80	88.80
	+ SCOOP PLATE - NONSKID								
	+ HIGH-SIDED DISH								
	+ SPILL-NOT JAR & BOTTLE OPENER								
	+ UTENSIL HOLDERS								
75	ADJUSTABLE BOOK HOLDER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
76	CASE MANAGEMENT	4%	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00	1,560.00
	ATTENDANT CARE / VOCATIONAL SERVICES								
77	ATTENDANT CARE - NON-SKILLED	4%	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00	160,638.00
78	RESPIRE CARE - SKILLED CARE	4%							
79	VOCATIONAL TRAINING/JOB COACHING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	SUBTOTAL - 1ST YEAR EXPENSES								
	PAST UNREIMBURSED EXPENSES								
	a) To Petitioners: \$11,211.47								
80	b) To Petitioners and Playworks Therapies: \$ 8,935.77								
81	PAIN AND SUFFERING								
82	LOST WAGES (\$561,424 less \$561,424 for purchase of annuity)								
	TOTAL COMPENSATION:		175,705.81	175,705.81	175,705.81	175,705.81	175,705.81	175,395.42	172,189.79

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